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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6007009 B. WING 05/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 20 BRIARCLIFF LANE CITADEL OF BOURBONNAIS, THE **BOURBONNAIS, IL 60914** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation 2273519/146590 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1210 b)3)4)5) 300.1210 d)4)A) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Attachment A 3) All nursing personnel shall assist and Statement of Licensure Violations encourage residents so that a resident who is

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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	incontinent of bowe appropriate treatme urinary tract infection normal bladder function personnel shall assist who enters the facilicatheter is not catheterization was 4) All nursing personnel shall assist who enters the facilicatheter is not catheterization was 4) All nursing personarage residents in activities of daily licircumstances of the demonstrate that different that different the fact in activities of daily licircumstances of the demonstrate that different that different in activities of daily licircumstances of the demonstrate that different includes the residents in activities and use speech functional communic who is unable to carshall receive the sergood nutrition, groom 5) All nursing personare residents transfer activities as effort to help them repracticable level of faction of the process of the demonstrate that different include, all nursing personal care shall include, all and shall be practiced seven-day-a-week but and shall be practiced seven-day-a-week b	I and/or bladder receives the ent and services to prevent ins and to restore as much ction as possible. All nursing ist residents so that a resident ity without an indwelling eterized unless the resident's monstrates that necessary.  I arsonnel shall assist and is so that a resident's abilities iving do not diminish unless in individual's clinical condition minution was unavoidable. I and ambulate; toilet; in language, or other cation systems. A resident ry out activities of daily living vices necessary to maintain ming, and personal hygiene. I assist and is with ambulation and safe often as necessary in an etain or maintain their highest unctioning.  I action (a), general nursing it a minimum, the following it do n a 24-hour, asis:  I shall be provided on a a-week basis. This shall mited to, the following: dent shall have proper daily including skin, nails, hair, and ion to treatment ordered by					
	This REQUIREMENT	Γ is not met as evidenced by:	1				

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÷	review, the facility fa Activities of Daily Lin provided in a timely in R5 reporting anxi- foot and leg swelling	on, interview, and record ailed to ensure a resident's ving (ADL) cares were manner. This failure resulted ety, humiliation, experiencing g, and pain. This applies to 1 (5) reviewed for ADLs in a		55 25 26 27		
	disorder, gait and modepression, edema, 4/25/22 MDS (Minim cognition is intact. T	bwed diagnoses of anxiety obility abnormalities, major and repeated falls. R5's num Data Set) showed her he same MDS showed R5 ssistance for transfers and				
	of her bed. Dark pur approximately two in R5's right arm. R5 s left on the commode R5 stated the mecha while she was on the the vein" from holding waiting for help. R5 s Assistant/CNA) assis the mechanical lift at turned on her call ligh off the commode. R5 answered until 7:50 F (CNA in Training). R5 felt like her "butt had started to cry.	M, R5 was sitting on the side ple bruising measuring ches long was present on aid that on 4/26/22, she was for an hour and 15 minutes. Inical lift was left in place commode and she "blew g on to the equipment while stated V7 (Certified Nursing sted her to the commode with 6:35 PM, and then she at at 6:45 PM for assistance is stated her call light was not PM (over an hour later) by V9 5 stated she was scared and melted to the seat" and				je.
	On 5/6/22 at 9:51 AM	, V7 said she had assisted				

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On 5/5/22 at 1:50 PM, V4 (Nurse Practitioner), said R5 told her that the bruise to her right arm developed after holding on to the commode, V4 said R5 told her that she used her call light for help, and nobody was around. V4 said it should not take longer than 5-10 minutes for staff to answer a call light and 45 minutes to an hour is not an acceptable time frame for a call light to be

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			that sitting on a commode						
		5/4/22, she told V5 (incontinence brief waget her for physical treplied, "we can was you can come down can do work." R5 stand "could feel peer "humiliated there was room, and she wante	MM, R5 also said that on Physical Therapist) that her as soiled when she came to herapy. R5 said that V5 te time and change you, or to Physical Therapy and we ated she just went to therapy running down my leg" and felt were other people in the ed me to walk with a walker and I didn't want to do more eeing"						
		said she took R5 to p V5 said she asked R therapy and R5 said s be changed. V5 said call the CNA so she c she did not call the C	M, V5 (Physical Therapist) obysical therapy on 5/4/22. 5 if she was ready for she was wet and needed to she told R5 that she would could change R5. V5 said NA because R5 said "just e took R5 to therapy without						
		all Physical Therapist	, V3 (Therapy Director), said s can change a resident's d residents should always oming to therapy.						
	1   1	self-care deficit relate intervention for two sta transfers. R5's plan o	n showed she has an ADL d to weakness with an aff person assistance with f care also showed a need se to calls for assistance tory of falls.						
	1	The facility's March 20 (ADLs) Policy showed	018 Activities of Daily Living "Residents who are						

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